3731

## AND IDMENT TRANSMISSION INDIVIDUAL & SMALL BUSINESSES DOCKET NO. ICON 2 13087

0 6 200kn recapplication of:

Furst

Serfal No.

09/771,073

THADE Filed

January 29, 2001

For:

IMPROVED EXPANDABLE GRAFT

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on<u>12-29-03</u>

(SIGNATURE)

12-29-03

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	<b>*</b> 27	Minus	**	0	\$9	\$ 0.00
Indep. Claims	* 2	Minus	***	0	\$43	\$ 0.00
			Total Additional Fee For this Amendment>			\$ 0.00

- \* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5
- \*\* If the "Highest No. Previously Paid For" is less than 20 write "20".
- \*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

A check in the amount of \$\_\_\_\_\_\_ to cover the Filing Fee (and Assignment Recording Fee) is enclosed.

General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPĘ, FAGAN, MINNICH & McKEE

BRIAN E. TURUN

Reg. No. 35,394

1100 Superior Avenue, Seventh Floor

Cleveland, Ohio 44114-2579

Phone: (216) 861-5582 Fax: (216) 241-1666

RECEIVED
JAN 0 7 2004

TECHNOLOGY CENTER P.3700